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MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH			BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH			State File No. <u>33</u>	
County <u>Cochise</u> State <u>ARIZONA</u>			Local Registrar's No. _____	
District or Township <u>St. David</u> or Village <u>St. David</u>			City _____ No. _____ St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number).				
2. FULL NAME <u>Henry Warner Busby</u>				
(a) Residence, No. _____ St. _____ Ward _____				
(Usual place of abode) (If non-resident, give city or town and State)				
Length of residence in city or town where death occurred <u>2</u> yrs. <u>2</u> mos. <u>5</u> ds. How long in U. S. if of foreign birth? yrs. mos. ds.				
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.		
Male	White	Single		
5a. If married, widowed, or divorced				
HUSBAND of _____ (or) WIFE of <u>None (Unmarried child)</u>				
6. DATE OF BIRTH (month, day and year)				
7. AGE	Years	Months	Days	IF LESS than 1 day or min.
	2	2	5	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>None</u>				
(b) General nature of industry, business or establishment in which employed (or employer)				
(c) Name of employer				
9. BIRTHPLACE (city or town) <u>Riverside</u> (State or country) <u>California</u>				
10. NAME OF FATHER <u>Henry Wanda Busby</u>				
11. BIRTHPLACE OF FATHER <u>St. David</u> (State or country) <u>Ariz.</u> (city or town)				
12. MAIDEN NAME OF MOTHER <u>Charlotte Warner</u>				
13. BIRTHPLACE OF MOTHER <u>Grace</u> (State or country) <u>Idaho</u> (city or town)				
14. Informant <u>Mrs. Charlotte Warner Busby</u> (Address) <u>St. David, Ariz.</u>				
15. Filed <u>October 23rd</u> , 19 <u>30</u> <u>J. H. Christensen</u> Registrar.				
MEDICAL CERTIFICATE OF DEATH				
16. DATE OF DEATH <u>October 23</u> 19 <u>30</u>				
Month Day Year				
17. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 22</u> , 19 <u>30</u> to <u>Oct. 23</u> , 19 <u>30</u>				
that I last saw him alive on <u>Oct. 22</u> , 19 <u>30</u> at <u>3.15 A.</u>				
and that death occurred, on the date stated above, at _____ m.				
The CAUSE OF DEATH* was as follows:				
<u>Laryngitis, acute</u>				
(duration) yrs. mos. <u>4</u> ds.				
CONTRIBUTORY <u>Edema of the larynx</u>				
(Secondary) <u>few hours</u>				
(duration) 0 yrs. 0 mos. 0 ds.				
18. Where was disease contracted				
if not at place of death? <u>No</u>				
Did an operation precede death? <u>No</u> Date of _____				
Was there an autopsy? <u>No</u>				
What test confirmed diagnosis? <u>Clinical</u>				
(Signed) <u>R. R. Kirkwood M. D.</u> 19 <u>30</u> (Address) <u>Benson, Ariz.</u>				
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)				
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. David</u>			DATE OF BURIAL <u>October 24, 1930</u>	
20. UNDERTAKER <u>Buried by Gannley</u>			ADDRESS <u>Henry Wanda Busby</u> <u>St. David Arizona</u>	